



04-16-03

RCE/27-00

Express Mail Label No. EV 219066741 US

TRANSMITTAL  
FORM

Application Number	09/390,928
Filing Date	September 7, 1999
First Named Inventor	Duursma
Art Unit	2153
Examiner Name	Choudhary, A.
Attorney Docket No.	CTX-019CP (1545/36)
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response (14 pgs.) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Previously filed on September 30, 2002	<input checked="" type="checkbox"/> Formal Drawing(s) (11 pgs.)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Petition for Extension of Time (1 pg.)	<input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal (2 pgs.)	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Copies of cited references (CB-CE)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,  
  
Date: April 15, 2003  
Reg. No. 50,389  
Tel. No.: (617) 248-7097  
Fax No.: (617) 248-7100  
Robert S. Blasi, Esq.  
Attorney for Applicants  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110

## FEE TRANSMITTAL

FY 2003

APR 1 5 2003

Complete if Known

Application Number	09/390,928
Filing Date	September 7, 1999
First Named Inventor	Duursma
Group Art Unit	2153
Examiner Name	Choudhary, A.
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## METHOD OF PAYMENT

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Underpayment Balance / Overpayment Credit.
3. ☐ Applicant claims small entity status.

## FEE CALCULATION

## 1. FILING FEE

## Large Entity

Fee (\$)	Fee Description	Fee Paid
750	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 84.00 =

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$)

## 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
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Total - = x \$ 18.00 =

Indep. - = x \$ 84.00 =

☐ First Presentation of Multiple Dep. Claim + \$280.00 =

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$0)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
410	205	Extension for reply within second month	410.00
930	465	Extension for reply within third month	
1450	725	Extension for reply within fourth month	
1970	985	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
750	375	Filing a submission after final rejection (37 CFR 1.129(a))	
750	375	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
		Request for Continued Examination	750.00

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$1160.00)

SUBTOTAL (1) 0

SUBTOTAL (2) 0

SUBTOTAL (3) 1160.00

TOTAL (\$1160.00)

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